

UNIFORM BUSINESS REPORT (UBR)

MENT # P99000041938

PROPERTIES, INC.

5/

FILED
Jun 09, 2000 8:00 am
Secretary of State

05-12-2000 90048 011 ***150.00

Principal Place of Business Mailing Address
250 SW 21ST RD. 250 SW 21ST RD.
MIAMI FL 33129 MIAMI FL 33129-1433

2. Principal Place of Business
4765 W. 8th Ave.

3. Mailing Address
P.O. Box 28207

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.

City & State
Hialeah, FL.

City & State
Hialeah, FL.

Zip
33012

Country

Zip
33002-1207

Country

4. FEI Number
65-0938351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALIANA, THOMAS R
4765 W. 8TH AVE.
HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALIANA, THOMAS R
P.O. BOX 28207
HIALEAH FL 33012-1207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO Box 28207
Hialeah, FL 33002-1207 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR
Thomas R. Galiana

4-26-00

Date

305-668-4040

Daytime Phone #

CR2E034 (9/99)